

# Supervised Learning for Automated Infectious-Disease-Outbreak Detection

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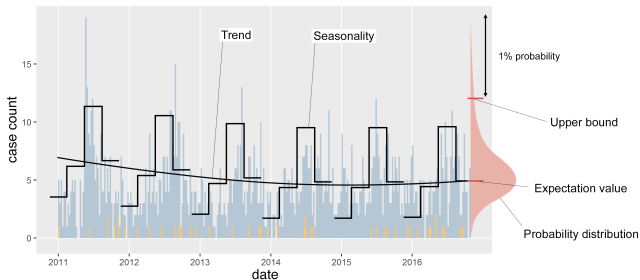
# Outline

1. Outbreak Detection as Binary Classification
2. Outbreak Labels: Statistical Description
3. Supervised Learning: Two Simple Approaches
4. Evaluating and Comparing Algorithms
5. Conclusion and Outlook

# 1. Automated Outbreak Detection as Binary Classification

“Are there too many cases, here and now, compared with expectations?”

One standard approach: Univariate time series + Regression + Confidence Interval

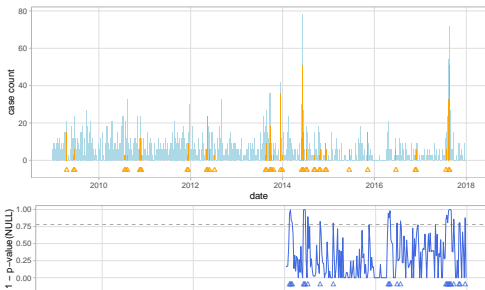


For example:

[farringtonFlexible](#) (from R-package *surveillance*), used here for benchmarking

Noufaily et al (2013) *Statistics in Medicine* 32(7) 1206 <http://doi.org/10.1002/sim.5595>

Salmon et al (2016) *Journal of Statistical Software* 70(10) <http://doi.org/10.18637/jss.v070.i10>



label  $\triangle$  = week with outbreak

signal  $\triangle$  =  
 $1 - P\text{-value}(\text{"no outbreak"}) >$   
 cut-off

**Idea 1: learn what's an outbreak from the labels**

**Idea 2: evaluate how good the signals are:**

- signal & week with outbreak = true positive **TP**
- signal & week without outbreak = false positive **FP**
- no signal & week without outbreak = true negative **TN**
- no signal & week with outbreak = false negative **FN**

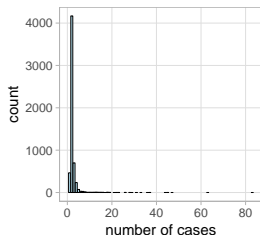
## 2. Outbreak Labels: Statistical Description

In Germany:

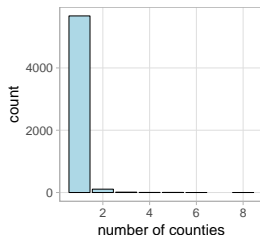
Outbreaks are reported, individual infection **cases are labelled with an outbreak ID**

Reported outbreaks for food-borne diseases are particularly reliable:  
**campylobacteriosis** and salmonellosis

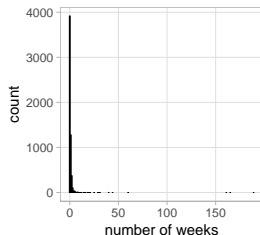
Size of outbreaks:



Extent of outbreaks:

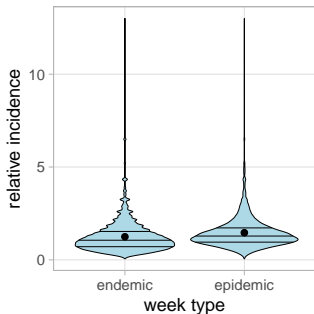


Duration of outbreaks:



Outbreaks are typically **small, local, short lived**  $\implies$  point detection might be OK

Weekly incidences relative to 13-weeks window (only weeks with cases)



on average: outbreaks are additional cases... but *many* outbreaks are subcritical  
simple univariate methods might not work well... let's use the outbreak information!

### 3. Supervised Learning: Two Simple Approaches

#### 1. farringtonOutbreak

farringtonFlexible but outbreak cases removed from training

**cut-off** on  $1 - P\text{-value}$  (“no outbreak”)

#### 2. hmmOutbreak

- hidden state  $s_t \in \{0, 1\}$  (= 1 if outbreak in week  $t$ , else = 0)

- transition probabilities  $a_{ij} = \sum_t \delta_{i s_{t-1}} \delta_{j s_t} / \sum_t \delta_{i s_{t-1}}$

- emission function  $c_t \sim \psi$  NegBin with

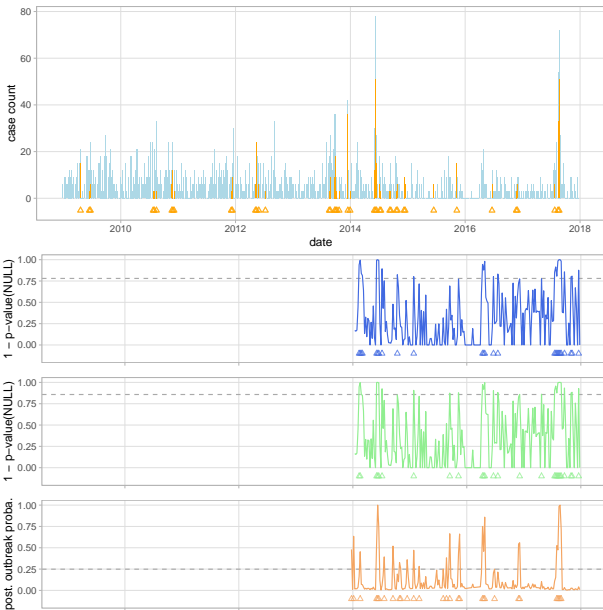
$$\log \mu_t = \beta_0 + \sum_{i=1}^3 \beta_i t^i + \beta_4 \cos\left(\frac{2\pi}{52} t\right) + \beta_5 \sin\left(\frac{2\pi}{52} t\right) + \beta_6 s_t,$$

and constant over-dispersion

- posterior outbreak probability (one-week ahead: one-step forward algorithm)

$$p_t = a_{s_{t-1}1} \cdot \psi(c_t; s_t = 1, t) / \sum_{i=0,1} a_{s_{t-1}i} \cdot \psi(c_t; s_t = i, t)$$

- **cut-off** on  $p_t$



farringtonFlexible, farringtonOutbreak, hmmOutbreak



## 4. Evaluating and Comparing Algorithms

- Data:

  - weekly reported infection cases and outbreaks for notifiable diseases in Germany

  - 1 time series for each county

  - with frequency of weeks with outbreaks between 2% and 98%

  - time range 2009-2017 = 8 years

- Training and test sets = 5 years + 1 week

  - training = 5 years

  - test on next week (prospective 1 week ahead: data available until last week)

- Scores = functions of *TP*, *FP*, *TN*, *FN*

  - sensitivity, specificity, precision, F1...

Enki et al (2016) PLOS ONE 11(8) e0160759 <http://doi.org/10.1371/journal.pone.0160759>

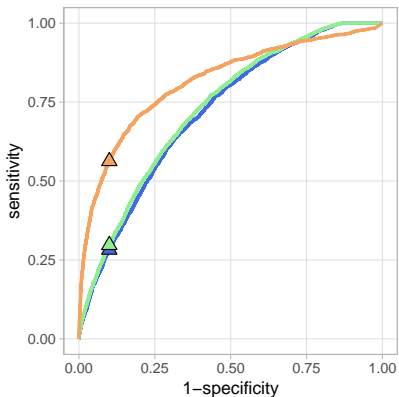
Bédubourg, Le Strat (2017) PLOS ONE 12(7) e0181227 <http://doi.org/10.1371/journal.pone.0181227>

Hoffmann, Dreesman (2010) PAE-project report, Niedersächsische Landesgesundheitsamt (NLGA) / ESCAIDE poster

Ghozzi, Ullrich, in preparation

## Evaluation 1: with varying cut-off

ROC curve (sensitivity vs. 1-specificity):  $\text{sensitivity} = TP / (TP + FN)$ ,  $\text{specificity} = TN / (TN + FP)$

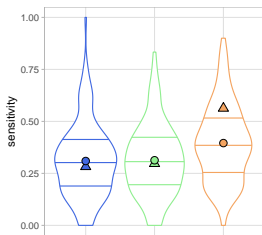


farringtonFlexible, farringtonOutbreak, hmmOutbreak

## Evaluation 2:

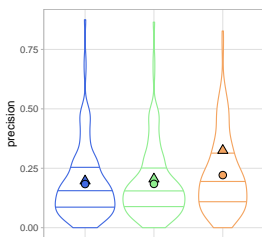
cut-offs set so that specificity = 0.9 on each time series (and overall as well)

sensitivity



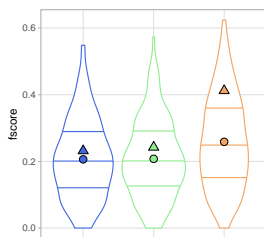
precision

$$= TP / (TP + TF)$$



F1 score

$$= 2TP / (2TP + FP + FN)$$



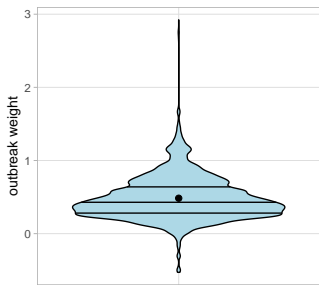
farringtonFlexible, farringtonOutbreak, hmmOutbreak

distributions with 25th, 50th and 75th percentiles; ● = mean, ▲ = overall

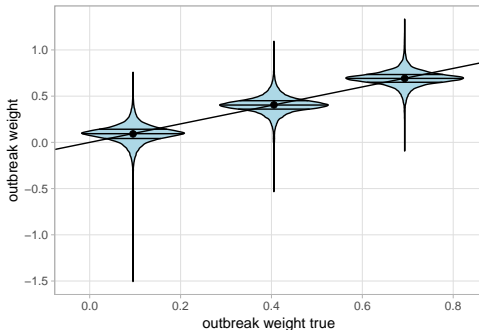
Dynamical properties can be inferred from `hmmOutbreak`, for example:

Outbreak weight  $\beta_6$  (weeks with outbreaks have  $e^{\beta_6}$  more cases):

### Campylobacteriosis



### Simulations



For campylobacteriosis:

- weeks with outbreaks indeed have significantly more cases
- on average  $e^{0.5} \approx 1.6$  more cases in outbreak weeks, all other things equal

## 5. Conclusion and Outlook

- supervised learning is a **promising** venue for outbreak detection!
  - labelled data are available
  - simple HMM more transparent (explicit proba) and performs better
- account for **delays** in reporting and labelling
- hyper-parameter **optimisation** + stacking (combine algorithms)

⇒ Framework for machine learning:

- ▶ devise, optimise, combine algorithms **based on expert knowledge**
- ▶ integrate **continuous user feedback**: signal evaluation, reinforcement learning
- ▶ towards a **standard data set** (with labels) for outbreak detection

Ghozzi, Ullrich, in preparation

Zacher, Czogiel, in preparation

Busche, Ullrich, Ghozzi, in preparation

# Thank you!

see also talk

“Dashboards as strategy to integrate multiple data streams for real time surveillance”

by Alexander Ullrich

Friday, Feb. 1, 2019 / 10:00 am / Rio Vista F room

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